			S DISTRICT COU FRICT OF MISSIS		
		Plaintiff			
v.			Cr No	VIL ACTION).	
		Defendar	nt		
	APPL	ICATION FOR AI	OMISSION PRO	O HAC VIC	CE
(A)	Name:				
	Firm Name:				
	Office Address:				
	City:			State	Zip
	Telephone:			Fax:	
	E-Mail:	VOTERS OF MI	SSISSIPPI, WII	LLIAM EAF	LEAGUE OF WOMEN RL WHITLEY, MAMIE
(B)	Client(s):		CUNNINGHAM, and YVONNE GUNN c/o Southern Poverty Law Center- 111 East Capital Street, Suite 280		
	Address:				
	City:			State	Zip
	Telephone:		· · · · · · · · · · · · · · · · · · ·	Fax:	
	The following info	rmation is optional:			

	Have you had a prior or continuing representation in other matters of one or more of the clients you propose to represent, and is there a relationship between those other matter(s) and the proceeding for which you seek admission?
	Do you have any special experience, expertise, or other factor that you believe makes it particularly desirable that you be permitted to represent the client(s) you propose to represent in this case?
C)	I am admitted to practice in the:
,	
	State of
	District of Columbia
	and I am currently in good standing with that Court. A certificate to that effect, issued by the appropriate licensing authority within ninety days of the date of this Application, is enclosed; the physical address, telephone number and website/email address for that admitting Court are:
	All other courts before which I have been admitted to practice:

Jurisdiction	Period of Admission

		Yes	No
(D)	Have you been denied admission pro hac vice in this state?	0	0
	Have you had admission pro hac vice revoked in this state?	0	0
	Has Applicant been formally disciplined or sanctioned by any court in this state in the last five years?	0	0

If the answer was "yes," describe, as to each such proceeding, the nature of the allegations, the name of the person or authority bringing such proceedings; the dates the proceedings were initiated and finally concluded; the style of the proceedings; and the findings made and actions taken in connection with those proceedings:

		Yes	No
(E)	Has any formal, written disciplinary proceeding ever been		
	brought against you by a disciplinary authority in any other	0	0
	jurisdiction within the last five years?	Ü	O

If the answer was "yes," describe, as to each such proceeding, the nature of the allegations; the name of the person or authority bringing such proceedings; the date the proceedings were initiated and finally concluded; the style of the proceedings; and the findings made and actions taken in connection with those proceedings.

		Yes	No
(F)	Have you been formally held in contempt or otherwise sanctioned by any court in a written order in the last five years for disobeying its rules or orders?	0	0

If the answer was "yes," describe, as to each such order, the nature of the allegations, the name of the court before which such proceedings were conducted; the date of the contempt order or sanction, the caption of the proceedings, and the substances of the court's rulings (a copy of the written order or transcript of the oral rulings must be attached to the application).

(G) Please identify each proceeding in which you have filed an application to proceed pro hac vice in this state within the preceding two years, as follows:

Name and Address of Court Date of Outcome of Application
Application

FORM 6	(ND/SD M1	ss. Dec. 2016)
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(H)	Please identify each case in which you have appeared as counsel pro hac vice in
	this state within the immediately preceding twelve months, are presently appearing
	as counsel pro hac vice, or have pending applications for admission to appear pro
	hac vice, as follows:

	hac vice, as follows:				
Name	and Address of Court	Style of Case			
(I)	Have you read and become	oo familiar with all the I	OCAL	Yes	No
(I)	Have you read and become Uniform Civil Rules of Courts for the Northe Mississippi?	THE UNITED STATES DI	STRICT	0	0
	Have you read and become of Professional Condu		SISSIPPI RULE	s 0	0
(J)	Please provide the following associated for this case:	ng information about th	ne resident at	torney who has	been
Name	and Bar Number				
Firm N	Jame:				
Office	Address:				
	City:		State:	Zip:	
	Telepho	ne:	Fax:		

Email address:

(K)	The undersigned resident attorney certifies that he/she agrees to the association with Applicant in this matter and to the appearance as attorney of record with Applicant.					
				/s/ Leslie Jones, MS Bar No. 106029		
				Resident Attorney		
	I certify that t	he information pro	vided in this Applica	ation is true and correct.		
Ai J Sutah				Applicant's Handwritten Signature		
	Date			Applicant's Handwritten Signature		
	-	Unless exempted by Local Rule 83.1(d)(5), the application fee established by this Court must be enclosed with this Application.				
		CERT	IFICATE OF SERV	TICE		
	The undersign	ned Resident Attor	ney certifies that a co	ppy of this Application for Admission		
Pro H	ac Vice has bee	en mailed or otherv	vise served on this da	ate on all parties who have appeared in		
this ca	ase.					
	This the	day of	, 20			
			/s/ Les	lie Iones MS Bar No. 106029		

Resident Attorney